ResMed 30 Day Money Back Guarantee

Please complete all sections on this return form and send to **anzproductguarantee@resmed.com.au**. The ResMed ADC will then organise a courier to pick up the returned ResMed product(s). ResMed will provide you with a credit based on the terms and conditions set out in the Partner Instructions. **Valid for selected ResMed product purchases made between 1 May 2020 to 31 July 2020.**

1. Authorised Dealer name: _____

Authorised Dealer location: _____

Customer's name: _____ sleepvantage member no. ☐☐☐☐☐☐

ResMed product return date:

ResMed device purchased (if applicable): AirSense 10 AutoSet

ResMed mask purchased (if applicable): _ Not Applicable

ResMed product purchase date:

If AirMini was purchased, was it used as a primary or secondary device: Primary

2. Is the device or mask damaged or does it have a quality defect? ☐ NO ☐ YES

If you answered yes, please do not use this form. Please send this product in for service under the normal warranty process.

3. **Reason for return**

Please select the primary reason for returning the ResMed product(s) and any specific issues within that category.

The customer disliked using the device:

- ☐ Reported discomfort while using the device
- ☐ Disliked humidification
- ☐ Disliked AirMini not having humidification on the full face mask
- ☐ Disliked use of the AirMini App
- ☐ Disliked the sound
- ☐ Other: _____

The customer disliked the mask:

- ☐ Reported discomfort while using the mask
- ☐ Disliked seal
- ☐ Disliked headgear
- ☐ Reported difficulty in disassembling and/or reassembling mask
- ☐ Disliked vent or vent direction
- ☐ Other: _____

4. By signing this form you accept the terms and conditions of the ResMed 30 Day Money Back Guarantee.

Signature of sleep therapist: _____ Date:

Printed name of sleep therapist: _____